



## Request for Public Records

Date: \_\_\_\_\_

Name of Individual / Agency Requesting Record:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Description of Record(s) Being Requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Disclosure: RCW 42.17.320 provides that within five (5) business days of receiving a public record(s) request, an agency must respond by acknowledging that a request was received and within a reasonable amount of time the information requested will be provided.***

(CITY OF LIBERTY LAKE USE ONLY)	
REQUEST RECEIVED ON:	RECEIVED BY:
REQUEST APPROVED BY:	DATE: